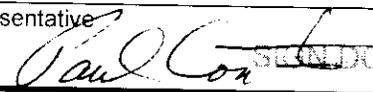


 **Department of State - Business Services Division**

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 87385		2. Exact name of the Corporation Comtois Flooring Service, Inc.			
3. Principal Office Address 256 Central Street			City Manville	State RI	Zip 02838
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Sale and installation of flooring material			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Comtois			Vice-President Name Pauline Comtois		
Street Address 256 Central Street			Street Address 256 Central Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Pauline Comtois			Treasurer Name Paul Comtois		
Street Address 256 Central Street			Street Address 256 Central Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Comtois			Director Name Pauline Comtois		
Street Address 256 Central Street			Street Address 256 Central Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	NPV
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Paul Comtois				Date 1/4/2017	
Signature of Authorized Representative 					

FILED
 SEND DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

JAN 19 2017

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